

**FACILITATOR ATTENDANCE REPORT**

Requested by authority of the Michigan Department of Natural Resources

Facilitator Name	Organization/Title/Position
Address	Telephone (       )
City, State, ZIP	Email

**WORKSHOP INFORMATION**  
☐ This workshop was open to all educators on a first come, first served basis (we'll post on our website)  
☐ This workshop was closed, given as a pre-service workshop.  
Date \_\_\_\_\_ Start Time \_\_\_\_\_ a.m. until \_\_\_\_\_ p.m.  
Workshop Location and Address \_\_\_\_\_

**KIND OF EVENT**  
☐ Workshop (4-16 hours)  
☐ Presentation (less than 4 hours)  
☐ Institute or course (more than 16 hours)  
☐ Advanced workshop/Real WILD  
☐ Other (please specify) \_\_\_\_\_  
Length of Event \_\_\_\_\_ hours      Total number of Participants \_\_\_\_\_

**AUDIENCE (PLEASE CHECK ALL THAT APPLY)**

<input type="checkbox"/> Elementary Teachers	<input type="checkbox"/> Resource Agency Personnel	<input type="checkbox"/> College Students
<input type="checkbox"/> Secondary Teachers	<input type="checkbox"/> Industry Representatives	<input type="checkbox"/> College Faculty
<input type="checkbox"/> Principals	<input type="checkbox"/> Private Conservation Groups	<input type="checkbox"/> Youth Organizations
<input type="checkbox"/> Superintendents	<input type="checkbox"/> Other _____	

**MATERIALS PARTICIPANTS RECEIVED**

Project WILD Activity Guides	Total Number Given _____
Project WILD Aquatic Activity Guides	Total Number Given _____
Project WILD Early Childhood Guides	Total Number Given _____
Other _____	

Was academic or other credit provided?    ☐ Yes    ☐ No

If Yes, What kind? \_\_\_\_\_      How many units? \_\_\_\_\_      From \_\_\_\_\_

**OVERALL PARTICIPANT RESPONSE**

<input type="checkbox"/> Exceptionally enthusiastic	<input type="checkbox"/> Somewhat interested
<input type="checkbox"/> Generally interested	<input type="checkbox"/> Not at all interested

**SUMMARY OF PROJECT WILD (INCLUDE ATTACHMENTS IF NEEDED)**

PREPARATION: Briefly describe what measures were used to announce the event. Include samples if possible.

PROGRAM AGENDA: Outline approximate times and activities. Identify Project WILD activities by title.

FOLLOW - UP: Briefly describe any planned follow-up programs.

Briefly outline your workshop format, including which activities you used.

Summarize the expenses and/or revenues involved in your workshop. Include any local support and any in-kind services from local agencies or industries.

Would you be interested in offering Project WILD again? ☐ Yes ☐ No

COMMENTS:

**Return completed report with participant survey forms and sample hand-outs to:**

Natalie Elkins  
Office of Communications  
Michigan Department of Natural Resources  
530 W. Allegan  
Lansing, MI 48933